

Commanding Officer United States Coast Guard Marine Safety Unit Chicago 16W215 83rd Street, Suite D Burr Ridge, Illinois 60527 Phone: (630) 986-2155 FAX: (630) 986-2120

WITNESS STATEMENT

WITNESS NAME:	EMPLOYERS NAME:
STREET ADDRESS:	EMPLOYER ADDRESS:
	CITY/STATE/ZIP:
	PHONE NUMBER:
	LICENSE/DOC. #:
	g statement voluntary, without threat, duress or promise of reward:
I have read my statement as documer my knowledge and belief, it is true an	nted above (and if applicable, on continuation pages), and to the best of ad correct.
SIGNATURE	 Date